

## SAWS

COUNTY ADMIN. POLICY CHANGE NUMBER: 1  
 IMPLEMENTATION DATE: 7/1987  
 ANALYST: Terry Quinn  
 FISCAL REFERENCE NUMBER: 214

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$66,112,000	\$0	\$63,927,000	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$66,112,000	\$0	\$63,927,000	\$0
STATE FUNDS	\$6,266,000	\$0	\$6,440,000	\$0
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$66,112,000	\$0	\$63,927,000	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$66,112,000	\$0	\$63,927,000	\$0
STATE FUNDS	\$6,266,000	\$0	\$6,440,000	\$0

### DESCRIPTION

The Statewide Automated Welfare System (SAWS) is expected to improve the eligibility determination functions and reduce error rates. These functions include Automated Eligibility Determination (Intake and Continuing), Automated Benefit Computation (share of cost), Case Management and Management Information System (MIS).

This policy change reflects the Medi-Cal Federal and General Fund share of expenses for Los Angeles Eligibility Automated Determination Evaluation and Reporting System (LEADER). The California Department of Social Services (CDSS) has budgeted the General Fund portion of Statewide Project Management (SPM), Interim Statewide Automated Welfare Systems (ISAWS), Welfare Client Data Systems (WCDS), and Consortia IV, in their budget, so only the Federal Fund portion is reflected in this policy change.

	FY 2005-06	FY 2006-07
LA County LEADER	\$13,448,000	\$12,880,000
	(\$6,266,000 GF)	(6,440,000 GF)
ISAWS Migration	0	679,000
SPM	\$1,731,000	\$1,840,000
ISAWS	\$8,988,000	\$8,852,000
WCDS	\$31,258,000	\$28,292,000
Consortia IV	\$10,687,000	\$11,384,000
<b>TOTAL</b>	<b>\$66,112,000</b>	<b>\$63,927,000</b>

## ELIGIBLE GROWTH

COUNTY ADMIN. POLICY CHANGE NUMBER: 2  
 IMPLEMENTATION DATE: 7/1992  
 ANALYST: Rocky Evans  
 FISCAL REFERENCE NUMBER: 216

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$46,772,000	\$0	\$40,844,000
TOTAL FUNDS	\$0	\$46,772,000	\$0	\$40,844,000
STATE FUNDS	\$0	\$23,386,000	\$0	\$20,422,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$46,772,000	\$0	\$40,844,000
TOTAL FUNDS	\$0	\$46,772,000	\$0	\$40,844,000
STATE FUNDS	\$0	\$23,386,000	\$0	\$20,422,000

### DESCRIPTION

The base estimate does not include costs anticipated due to the growth in Medi-Cal eligibles. This item shows the cost impact of expected growth in the average number of monthly certified Medi-Cal only eligibles. It presumes that counties will hire staff to process the new applications and maintain the cases.

#### ELIGIBLE GROWTH COST CALCULATIONS:

1. There were 3,827,826 average monthly Medi-Cal Only certified eligibles in FY 2003-04. Costs for these eligibles are included in the county administration base for FY 2005-06.
2. There were 3,925,025 average monthly Medi-Cal only certified eligibles in FY 2004-05. Costs for these eligibles are included in the county administration base for FY 2006-07.
3. In FY 2005-06 there will be an estimated 4,003,664 average monthly eligibles (before adding the impact of policy changes).
4. For FY 2006-07 there will be an estimated 4,073,010 average monthly base eligibles.
5. The county administrative budgeted base for FY 2005-06 is \$1,017,860,621.
6. The county administrative budgeted base for FY 2006-07 is \$1,104,865,582.

#### FY 2005-06 growth cost:

\$1,017,860,621 / 3,827,826 eligibles = \$266 Average cost per eligible  
 4,003,664 - 3,827,826 = 175,838 eligibles not funded in the base  
 175,838 x \$266 = **\$46,772,000**

#### FY 2006-07 growth cost:

\$1,104,865,582 / 4,003,664 eligibles = \$276 Average cost per eligible  
 4,073,010 - 3,925,025 = 147,985 eligibles not funded in the base  
 147,985 x \$276 = **\$40,844,000**

**CHDP GATEWAY**

COUNTY ADMIN. POLICY CHANGE NUMBER: 3  
 IMPLEMENTATION DATE: 7/2003  
 ANALYST: Cheri Johnson  
 FISCAL REFERENCE NUMBER: 222

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$103,164,000	\$0	\$121,985,000
TOTAL FUNDS	\$0	\$103,164,000	\$0	\$121,985,000
STATE FUNDS	\$0	\$51,582,000	\$0	\$60,992,500
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	60.00 %	0.00 %	100.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$41,265,600	\$0	\$0
TOTAL FUNDS	\$0	\$41,265,600	\$0	\$0
STATE FUNDS	\$0	\$20,632,800	\$0	\$0

**DESCRIPTION**

The Child Health and Disability Prevention (CHDP) Gateway program was implemented July 1, 2003. Through this program, children who receive a CHDP screen are preenrolled in Medi-Cal or the Healthy Families Program (HFP). Preenrollment involves two months of full-scope coverage, during which time the family may apply for ongoing Medi-Cal/HFP coverage. Each preenrolled child's family that indicates a desire for ongoing Medi-Cal/HFP coverage is sent an application. The application is returned to the Single Point of Entry, then forwarded to the county welfare department (CWD) or the Managed Risk Medical Insurance Board for final eligibility determination. The state-funded CHDP program continues to provide screens to children eligible for limited-scope Medi-Cal.

**Assumptions:**

- Costs in FY 2004-05 for persons determined eligible for ongoing Medi-Cal following eligibility under the Gateway were:

From FY 2003-04:

$$56,594 \times \$28.62 \text{ cost/cont.case} \times 12 \text{ months} = \$19,437,000$$

New in FY 2004-05:

$$129,976 \text{ intakes} \times \$176.61 = \$22,955,000$$

$$56,694 \text{ avg. mo. cont.} \times \$28.62 \times 12 \text{ months} = \$19,471,000$$

$$\text{Total FY 2004-05:} \quad \$61,863,000$$

## CHDP GATEWAY

COUNTY ADMIN. POLICY CHANGE NUMBER: 3

2. Costs in FY 2005-06 are estimated to be:  
From FY 2003-04 and FY 2004-05:  
 $166,380 \times \$28.62 \text{ cost/cont.case} \times 12 \text{ months} = \$57,142,000$
- New in FY 2005-06:  
 $131,314 \text{ intakes} \times \$176.61 = \$23,191,000$   
 $66,477 \text{ avg. mo. cont.} \times \$28.62 \times 12 \text{ months} = \$22,831,000$
- Total FY 2005-06: \$103,164,000**
3. Costs in FY 2006-07 are estimated to be:  
From FY 2003-04, FY 2004-05 and FY 2005-06:  
 $288,005 \times \$28.62 \text{ cost/cont.case} \times 12 \text{ months} = \$98,912,000$
- New in FY 2006-07:  
 $130,644 \text{ intakes} \times \$176.61 = \$23,073,000$
- Total FY 2006-07: \$121,985,000**

## CalWORKs APPLICATIONS

COUNTY ADMIN. POLICY CHANGE NUMBER: 4  
 IMPLEMENTATION DATE: 7/1998  
 ANALYST: Terry Quinn  
 FISCAL REFERENCE NUMBER: 217

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$39,150,000	\$0	\$38,322,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$39,150,000	\$0	\$38,322,000
STATE FUNDS	\$0	\$19,575,000	\$0	\$19,161,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$39,150,000	\$0	\$38,322,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$39,150,000	\$0	\$38,322,000
STATE FUNDS	\$0	\$19,575,000	\$0	\$19,161,000

### DESCRIPTION

The Legislature in 1998 directed CDHS to share the costs for CalWORKS applications with the California Department of Social Services (CDSS). CDSS has amended the claim forms and time study documents completed by the counties to allow CalWORKS application costs that are also necessary for Medi-Cal eligibility to be shared between the two programs. Based on the claims of FY 2004-05, CDSS has identified current year costs of \$39,150,000 that can be considered Medi-Cal costs. Budget year costs are projected to be \$38,322,000. The TANF (federal) funds in the CDSS budget will be reduced by this amount.

## CRAIG V. BONTA LAWSUIT

COUNTY ADMIN. POLICY CHANGE NUMBER: 5  
 IMPLEMENTATION DATE: 7/2003  
 ANALYST: Betty Lai  
 FISCAL REFERENCE NUMBER: 219

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$59,581,000	\$0	\$73,994,000
TOTAL FUNDS	\$0	\$59,581,000	\$0	\$73,994,000
STATE FUNDS	\$0	\$29,790,500	\$0	\$36,997,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	60.00 %	0.00 %	100.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$23,832,400	\$0	\$0
TOTAL FUNDS	\$0	\$23,832,400	\$0	\$0
STATE FUNDS	\$0	\$11,916,200	\$0	\$0

### DESCRIPTION

The Superior Court of San Francisco County in the *Craig, et al. v. Bontá, et al.* lawsuit requires the Department to continue to provide no share-of-cost, full-scope Medi-Cal benefits to persons who are terminated from the federal SSI/SSP Program effective June 30, 2002, and after, until county welfare departments (CWDs) redetermine their eligibility for any other Medi-Cal program segment, in accordance with a Court approved implementation plan. CWDs implemented the plan by July 1, 2003.

### CASELOAD:

Ongoing Costs:

1. There are approximately 10,000 persons who are discontinued from SSI/SSP each month for reasons other than death or incarceration.
2. Within 8 months, about 15% of these individuals are restored on SSI/SSP and have Medi-Cal benefits via the Social Security Administration. The county administrative costs of the *Craig v. Bontá* process are the costs for those persons (85%) that become eligible via CWD determinations.
3. Assume that 8% of the individuals are couples.
4. In July 2003, there were 57,327 cases in the backlog, producing 474,684 annual backlog continuing case-months.
5. The CWD continuing case cost is \$28.62 per case.
6. The annual cost of backlog cases is:  
 $474,684 \times \$28.62 = \$13,585,000$

## CRAIG V. BONTA LAWSUIT

### COUNTY ADMIN. POLICY CHANGE NUMBER: 5

7. Assume that there are 4,663 intake cases per month in the *Craig* process; there will be 55,956 intake cases per year.
8. Since there are no previous CWD case records for this group, yet there is a requirement to perform an ex parte eligibility review, it requires an intake process at \$176.61 per case plus an estimated additional ½ hour at \$60.20 per hour. The cost per intake case is:  $\$176.61 + \$30.10 = \$206.71$ .
9. The annual intake cost is:  
 $55,956 \times \$206.71 = \$11,567,000$
10. Assume that there are 1,202,968 case-months of continuing cases from prior year cases and current year cases for FY 2005-06 and 1,706,536 case-months for FY 2006-07.
11. The continuing costs are:  
FY 2005-06:  $1,202,968 \times \$28.62 = \$34,429,000$   
FY 2006-07:  $1,706,536 \times \$28.62 = \$48,842,000$

	<b>FY 2005-06</b>	<b>FY 2006-07</b>
Backlog costs	\$13,585,000	\$13,585,000
Intake costs	\$11,567,000	\$11,567,000
Continuing costs	\$34,429,000	\$48,842,000
<b>Total</b>	<b>\$59,581,000</b>	<b>\$73,994,000</b>

## LOS ANGELES COUNTY HOSPITAL INTAKES

COUNTY ADMIN. POLICY CHANGE NUMBER: 6  
 IMPLEMENTATION DATE: 7/1994  
 ANALYST: Linette Kleinsasser  
 FISCAL REFERENCE NUMBER: 213

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$18,960,000	\$0	\$18,960,000
TOTAL FUNDS	\$0	\$18,960,000	\$0	\$18,960,000
STATE FUNDS	\$0	\$3,480,000	\$0	\$3,480,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$18,960,000	\$0	\$18,960,000
TOTAL FUNDS	\$0	\$18,960,000	\$0	\$18,960,000
STATE FUNDS	\$0	\$3,480,000	\$0	\$3,480,000

### DESCRIPTION

Los Angeles County uses patient financial services workers (PFSWs) to process Medi-Cal applications taken in Los Angeles County hospitals. Welfare and Institutions Code Section 14154 limits the reimbursement amount for PFSW intakes to the amount paid to Los Angeles County Department of Social Services eligibility workers for regular Medi-Cal intakes.

PFSWs have been processing 2,417 intakes per month. These intakes are reported separately to the California Department of Health Services and are not included in the base estimate. The average reimbursement rate for both current and budget years is \$240.

FY 2005-06:  $2,417 \times \$240 \times 12 = \$6,960,960$  (\$3,480,480 GF)

FY 2006-07:  $2,417 \times \$240 \times 12 = \$6,960,960$  (\$3,480,480 GF)

This policy change reflects an estimated four calendar quarters of federal fund pass-through for each fiscal year in the amount of \$12,000,000.

Total cost for **FY 2005-06**:  $\$6,960,960 + \$12,000,000 = \mathbf{\$18,960,000}$

Total cost for **FY 2006-07**:  $\$6,960,960 + \$12,000,000 = \mathbf{\$18,960,000}$



## IHSS COUNTY ADMINISTRATION COSTS

COUNTY ADMIN. POLICY CHANGE NUMBER: 7  
 IMPLEMENTATION DATE: 4/2005  
 ANALYST: Betty Lai  
 FISCAL REFERENCE NUMBER: 226

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$4,715,000	\$6,319,000	\$0	\$9,168,000
TOTAL FUNDS	\$4,715,000	\$6,319,000	\$0	\$9,168,000
STATE FUNDS	\$2,357,500	\$3,159,500	\$0	\$4,584,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$4,715,000	\$6,319,000	\$0	\$9,168,000
TOTAL FUNDS	\$4,715,000	\$6,319,000	\$0	\$9,168,000
STATE FUNDS	\$2,357,500	\$3,159,500	\$0	\$4,584,000

### DESCRIPTION

Federal regulations require that Medicaid eligibility be determined by Medicaid eligibility workers (EWs). The Department reminded counties by an All-County Welfare Directors' Letter (ACWDL) that Medi-Cal eligibility and share-of-cost is to be determined by Medi-Cal eligibility workers. The personal care needs assessment for the personal care applicants can then be completed by the social service workers. County welfare departments not in compliance with the requirement were expected to change their procedures and have Medi-Cal EWs determine the Medi-Cal eligibility starting July 2005. The redeterminations were completed in January 2006.

### CASELOAD:

FY 2005-06 One-Time:

1. According to MEDS data, there were 26,696 IHSS cases that need to have their Medi-Cal eligibility determined by Medi-Cal workers.
2. The intake cost per case is \$176.61.
3. The one-time only cost in FY 2005-06 will be:

$$26,696 \times \$176.61 = \mathbf{\$4,715,000}$$

FY 2005-06 Ongoing:

1. The continuing cost per case is \$28.62.
2. Assume that all cases are approved for ongoing Medi-Cal.

**IHSS COUNTY ADMINISTRATION COSTS****COUNTY ADMIN. POLICY CHANGE NUMBER: 7**

3. Assume the cases were completed as the following chart indicates:

<b>Month</b>	<b>Cases</b>	<b>Case-month</b>
July	320 x 11 =	3,520
August	1,690 x 10 =	16,900
September	11,978 x 9 =	107,802
October	6,102 x 8 =	48,816
November	5,290 x 7 =	37,030
December	131 x 6 =	786
January	1,185 x 5 =	5,925
<b>Total</b>		<b>220,779</b>

4. The FY 2005-06 ongoing continuing case cost will be:

$$220,779 \text{ case-months} \times \$28.62 = \mathbf{\$6,319,000}$$

FY 2006-07 Ongoing:

1. There will be 26,696 average monthly continuing cases in FY 2006-07.

$$26,696 \times 12 = 320,352 \text{ case-months}$$

2. The FY 2006-07 ongoing continuing case cost will be:

$$26,696 \text{ cases} \times \$28.62 \times 12 \text{ months} = \mathbf{\$9,168,000}$$

**SAVE**

COUNTY ADMIN. POLICY CHANGE NUMBER: 8  
 IMPLEMENTATION DATE: 10/1988  
 ANALYST: Betty Lai  
 FISCAL REFERENCE NUMBER: 215

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$7,328,000	\$0	\$7,328,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$7,328,000	\$0	\$7,328,000
STATE FUNDS	\$0	\$0	\$0	\$0
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$7,328,000	\$0	\$7,328,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$7,328,000	\$0	\$7,328,000
STATE FUNDS	\$0	\$0	\$0	\$0

**DESCRIPTION**

The Immigration Reform and Control Act (IRCA) of 1986 required states to begin using the Systematic Alien Verification for Entitlements (SAVE) system to verify alien status for Medi-Cal applicants beginning in October 1988. Costs associated with this system are funded with 100% federal funds. The counties time study eligibility worker and supervisor time spent on SAVE verifications.

**PROCEDURAL:**

Ongoing:

- The actual Medi-Cal costs for SAVE reported over the last five years by the counties were:

2000-01	\$4,900,665
2001-02	\$5,765,845
2002-03	\$7,993,410
2003-04	\$8,105,351
2004-05	\$7,487,742

- Over the 20 quarters ending June 2005, an average of 18 county welfare departments, including the Los Angeles County Department of Public Social Services, have not claimed any costs. Based on claims through December 2005, and assuming that the same level of reporting will continue, it is estimated that the costs that can be charged as 100% federal funds will be:

<b>FY 2005-06</b>	<b>\$7,328,000</b>
<b>FY 2006-07</b>	<b>\$7,328,000</b>

**CRAIG V. BONTA DISABILITY APPELLANTS**

COUNTY ADMIN. POLICY CHANGE NUMBER: 9  
 IMPLEMENTATION DATE: 4/2005  
 ANALYST: Betty Lai  
 FISCAL REFERENCE NUMBER: 1042

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$308,000	\$396,000	\$28,000	\$505,000
TOTAL FUNDS	\$308,000	\$396,000	\$28,000	\$505,000
STATE FUNDS	\$154,000	\$198,000	\$14,000	\$252,500
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	15.93 %	15.93 %	100.00 %	87.14 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$258,900	\$332,900	\$0	\$64,900
TOTAL FUNDS	\$258,900	\$332,900	\$0	\$64,900
STATE FUNDS	\$129,470	\$166,460	\$0	\$32,470

**DESCRIPTION**

The Superior Court of San Francisco County in the Craig v. Bontá lawsuit requires the Department continue to provide no share-of-cost, full-scope Medi-Cal benefits to persons who are terminated from SSI/SSP effective June 30, 2002, and after, until county welfare departments (CWDs) determine their ongoing eligibility for Medi-Cal.

A backlog of 5,138 beneficiaries resulted because those former SSI/SSP beneficiaries, who were discontinued for being no longer disabled and who appealed that determination, were never placed in a Craig aid code after their appeal process was exhausted. The Department instructed the CWDs to begin the redeterminations by April 2005 and complete them within 6 months.

**CASELOAD:**

1. The redeterminations commenced by April 2005.
2. Using MEDS eligibles data, effective February 28, 2006, only 324 beneficiaries had not completed the Medi-Cal determination process. 212 beneficiaries had been restored on SSI/SSP, 1,352 beneficiaries had been approved for ongoing Medi-Cal under a CWD maintained case, and 3,246 were discontinued from Medi-Cal.
3. Using CWD activity trends, assume that the remaining beneficiaries will have their eligibility completed by October 2006.
4. The intake cost is \$176.61 and continuing cost is \$28.62.

**CRAIG V. BONTA DISABILITY APPELLANTS****COUNTY ADMIN. POLICY CHANGE NUMBER: 9**

5. It is estimated that there will be 1,742 intake case-months and 13,819 continuing case-months in 2005-06.
6. There will be 156 intake case-months in 2006-07. It is estimated that there will be 17,640 continuing case-months in 2006-07.

<b>2005-06:</b>	One-Time:	1,742 x \$176.61 =	\$308,000	(\$154,000 GF)
	Ongoing:	13,819 x \$28.62 =	\$396,000	(\$198,000 GF)
<b>Total:</b>			<b>\$704,000</b>	<b>(\$352,000 GF)</b>
<b>2006-07:</b>	One-Time:	156 x \$176.61 =	\$28,000	(\$14,000 GF)
	Ongoing:	17,640 x \$28.62 =	\$505,000	(\$253,000 GF)
<b>Total:</b>			<b>\$533,000</b>	<b>(\$267,000 GF)</b>

## REDETERMINATION FORM SIMPLIFICATION

COUNTY ADMIN. POLICY CHANGE NUMBER: 10  
 IMPLEMENTATION DATE: 5/2006  
 ANALYST: Betty Lai  
 FISCAL REFERENCE NUMBER: 1063

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$79,000	\$0	\$2,692,000
TOTAL FUNDS	\$0	\$79,000	\$0	\$2,692,000
STATE FUNDS	\$0	\$39,500	\$0	\$1,346,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$79,000	\$0	\$2,692,000
TOTAL FUNDS	\$0	\$79,000	\$0	\$2,692,000
STATE FUNDS	\$0	\$39,500	\$0	\$1,346,000

### DESCRIPTION

The Medi-Cal annual redetermination form (MC 210 RV) is being revised to make it more user friendly, shorter, and easier for beneficiaries to complete. As a result of the changes, more cases will remain eligible because more beneficiaries, who would have otherwise not completed the form and therefore would no longer be eligible, will now complete the annual redetermination process (RV) and maintain coverage.

#### CASELOAD:

Ongoing Costs:

- Using data input from 7 CWDs, with a combined statewide Medi-Cal caseload of 62.6%, assume that the percentage of RVs approved per month is 3% of the number of eligibles.
- Assume that the average Medi-Cal only monthly eligibles is 3,827,826. The monthly eligibles subject to RVs is:  
 $3,827,826 \times 3\% = 115,289$
- Assume that 2% more of the eligibles will complete the RV.  
 $115,289 \times 2\% = 2,306$
- Assuming that there is an average of 2.5 eligibles per case, the additional cases per month in the current year will number:  
 $2,306 / 2.5 = 922$
- Assume that the average monthly cost of a continuing case is \$28.62.

**REDETERMINATION FORM SIMPLIFICATION****COUNTY ADMIN. POLICY CHANGE NUMBER: 10**

6. Assume that the use of the revised form will have its first impact on the number of cases in the month of May 2006.

7. The FY 2005-06 county administration cost will be:

$$922 \times \$28.62 \times 3 (2+1) = \textbf{\$79,000}$$

**(\$39,500 GF)**

8. Assume that the monthly rate of increase due to the use of the form will continue through FY 2006-07. The FY 2006-07 cost will be:

$$922 \times \$28.62 \times 2 \text{ mo.} \times 12 \text{ mo.} = \$ 634,000$$

$$922 \times \$28.62 \times 78 (12,11,10\dots) = \$2,058,000$$

$$\text{FY 2006-07 county admin costs } \textbf{\$2,692,000}$$

**(\$1,346,000 GF)**

## MEDI-CAL TO HFP ACCELERATED ENROLLMENT

COUNTY ADMIN. POLICY CHANGE NUMBER: 11  
 IMPLEMENTATION DATE: 8/2006  
 ANALYST: Cheri Johnson  
 FISCAL REFERENCE NUMBER: 1044

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$671,000
TOTAL FUNDS	\$0	\$0	\$0	\$671,000
STATE FUNDS	\$0	\$0	\$0	\$234,850
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$671,000
TOTAL FUNDS	\$0	\$0	\$0	\$671,000
STATE FUNDS	\$0	\$0	\$0	\$234,850

### DESCRIPTION

The Budget Act and Health Trailer Bill of 2005 implemented the Medi-Cal to Healthy Families Program (HFP) Accelerated Enrollment (AE) Program, which provides temporary Medi-Cal fee-for-service benefits to children with family income up to 250% of the federal poverty level who are newly determined eligible for full-scope Medi-Cal with a share of cost while their applications are forwarded by the county eligibility workers (EWs) to the Single Point of Entry (SPE) for HFP eligibility determination.

#### Assumptions:

1. There will be an increase of 15 minutes of county EW time per case to refer the cases to the SPE (report aid code status to MEDS and notify beneficiaries).
2. There will be 87,039 children referred annually, based on the number of children currently found eligible for share of cost Medi-Cal each month in aid codes 37 and 83.
3. Based on data from HFP, assume an average of 1.8 children per case.
4. The average hourly county EW cost is \$60.20.

Annual Cost: 87,039 children / 1.8 x \$60.20 x .25 hours = \$728,000 (\$255,000 GF)

Monthly Cost: \$728,000 / 12 = \$61,000 (\$21,000 GF)

5. Assuming implementation on August 1, 2006, the FY 2006-07 cost would be:

\$61,000 x 11 = **\$671,000** (\$234,850 GF)

These Healthy Families costs are budgeted in 4260-113-001/0890.



## FY 2006-07 COST OF DOING BUSINESS

COUNTY ADMIN. POLICY CHANGE NUMBER: 12  
 IMPLEMENTATION DATE: 7/2006  
 ANALYST: Diana Lee  
 FISCAL REFERENCE NUMBER: 1028

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$0	\$0
STATE FUNDS	\$0	\$0	\$0	\$0
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$0	\$0
STATE FUNDS	\$0	\$0	\$0	\$0

### DESCRIPTION

County administration worker salaries and all other overhead costs associated with Medi-Cal eligibility determinations will be frozen at the FY 2005-06 level for FY 2006-07. Allowable increases under the current cost control plan are tied to the California Necessities Index (CNI). This item displays the cost reduction effected by holding salaries and overhead costs to FY 2005-06 levels. The FY 2006-07 county administration base reflects this reduction.

\$1,107,275,418 Medi-Cal County Admin. Base With No Salary and Overhead Increases  
\$1,131,528,792 Medi-Cal County Admin. Base With Cost Control Plan Allowable Increases  
 \$ -24,253,374 (\$-12,126,687 GF) Effect of Salary and Overhead Freeze

## PRWORA FUNDS AVAILABILITY

COUNTY ADMIN. POLICY CHANGE NUMBER: 13  
 IMPLEMENTATION DATE: 7/2003  
 ANALYST: Terry Quinn  
 FISCAL REFERENCE NUMBER: 225

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$0	\$0
STATE FUNDS	-\$121,000	\$0	\$0	\$0
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$0	\$0
STATE FUNDS	-\$121,000	\$0	\$0	\$0

### DESCRIPTION

The Department has determined that enhanced federal funding for implementing the provisions of PRWORA is still available to the State. PRWORA funds may be used to provide 75% FFP for increased costs associated with Medi-Cal eligibility determinations for the 1931(b) program. The total amount of PRWORA funding still available is \$120,619. This amount will be applied toward \$482,476 in actual 1931 (b) costs, as reported by county welfare departments. These expenditures currently are shared 50%/50% between federal funds and General Fund. PRWORA funds are utilized in lieu of one half of the General Fund costs.

$\$482,476/2 = \$241,238$  GF and  $\$241,238$  FFP (current)

$\$241,238/2 = \textbf{\$121,000}$  General Fund reduction. (Replaced by PRWORA funds.)

## COUNTY COST CONTROL

COUNTY ADMIN. POLICY CHANGE NUMBER: 14  
 IMPLEMENTATION DATE: 7/2004  
 ANALYST: Terry Quinn  
 FISCAL REFERENCE NUMBER: 224

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	-\$34,200,000	\$0	-\$30,414,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	-\$34,200,000	\$0	-\$30,414,000
STATE FUNDS	\$0	-\$17,100,000	\$0	-\$15,207,000
% IN BASE				
PROCEDURAL	0.00 %	100.00 %	0.00 %	100.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$0	\$0
STATE FUNDS	\$0	\$0	\$0	\$0

### DESCRIPTION

The Welfare and Institutions Code, Section 14154, requires the Department to develop and implement a cost control plan to help limit the growth in county welfare department allocations associated with Medi-Cal determinations. The purpose of the plan is to ensure that counties have sufficient staff to complete required eligibility activities and annual re-determinations in the most cost-effective manner. As it continues to be developed, the plan will include staffing guidelines, policies to control overhead costs, and utilize trailer bill language that limits wage increases while still maintaining the integrity of the eligibility determination process.

The plan applies productivity standards to each county that are then utilized to determine the number of eligibility workers needed for the Medi-Cal eligibility determination process. Notwithstanding other limitations, the plan also limits allowable salary and benefit increases to those equaling the salary and benefit increases granted to state employees (bargaining unit one) or the California Necessities Index (CNI), whichever is greater.

FY 2005-06 and FY 2006-07 savings include the amounts from the application of productivity standards and the restriction on salary and benefit increases for each respective year.

## MEDI-CAL /HF BRIDGE PERFORMANCE STANDARDS

COUNTY ADMIN. POLICY CHANGE NUMBER: 16  
 IMPLEMENTATION DATE: 10/2006  
 ANALYST: Betty Lai  
 FISCAL REFERENCE NUMBER: 1005

	FY 2005-06		FY 2006-07	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$226,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$0	\$226,000
STATE FUNDS	\$0	\$0	\$0	\$113,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$226,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$0	\$226,000
STATE FUNDS	\$0	\$0	\$0	\$113,000

### DESCRIPTION

To ensure that all children who are discontinued from Medi-Cal due to increased income have the opportunity to apply for the Healthy Families program, the Department will implement county performance standards for compliance with the Medi-Cal Bridge to Healthy Families Program (aid code 7X), effective October 2006.

#### CASELOAD:

Ongoing costs:

1. Currently, an estimated 49,777 children are expected to receive the bridge to the Healthy Families Program in FY 2006-07.
2. Implementation of performance standards is expected to increase the number of children receiving the bridge by 20,000 annually.
3. Assuming an October 2006 implementation, there will be an increase of 15,000 eligibles in FY 2006-07.
4. An average of 2 children are in Medi-Cal family cases.  
 $20,000 \text{ eligibles} / 2 = 10,000 \text{ cases annually}$   
 $15,000 \text{ eligibles} / 2 = 7,500 \text{ cases in FY 2006-07}$

## MEDI-CAL /HF BRIDGE PERFORMANCE STANDARDS

COUNTY ADMIN. POLICY CHANGE NUMBER: 16

5. Assume that it will require 1/2 hour of county eligibility worker (EW) time to send the information to the Managed Risk Medical Insurance Board and to send notification to the beneficiary.
6. The average EW cost per hour is \$60.20.

Annual:  $10,000 \times \$60.20 \times .5 = \$301,000$  (\$150,500 GF)

**FY 2006-07:  $7,500 \times \$60.20 \times .5 = \$226,000$  (113,000 GF)**